PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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Under the Paperwork Reduction Act of	1995, no person are requi	red to respo	and to a collection	n of information	on unless it displays	a valid OM	3 control number	
Under the Paperwork Reduction Act of 1995, no person are required to Effective on 12/08/2004.			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 09		09/662,323			
FEE TRANSMITTAL			Filing Date S		September 14, 2000			
			First Named Inventor Seiichi M		Seiichi MATSU	i MATSUI		
For FY 2006			Examiner Name K.		C. L. Jerabek			
Applicant claims small entity status. See 37 CFR 1.27		Ar	Art Unit 2		2622			
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00		Att	Attorney Docket No. 08		0879-0277P			
METHOD OF PAYMENT (check all that apply)								
x Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicate	d below		Charge	e fee(s) ind	icated below, ex	cept for t	he filing fee	
The state of the s								
fee(s) under 37 CFR			X Credit	arry Overpa	iyiileilis			
FEE CALCULATION				4.				
1. BASIC FILING, SEARCH, AND E		0540		F->/ A B 415 1	ATION 5550			
''	LING FEES Small Entity		CH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type Fee (ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility 300	150	500	250	200	100			
Design 200	100	100	50	130	65			
Plant 200	100	300	150	160	80			
Reissue 300	150	500	250	600	300			
Provisional 200	100	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims	-					360	180	
Total Claims Extra Claims		Fee Paid	(2)		Itiple Depende		•	
-= x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims	Fee (\$)	Fee Paid	(\$)	_				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings e	ceed 100 sheets of n	aper (exc	luding electro	onically file	ed sequence or	computer		
listings under 37 CFR 1.52(e)),	the application size f	ee due is	\$250 (\$125 f				0	
sheets or fraction thereof. See 3	55 U.S.C. 41(a)(1)(G)) and 37 (CFR 1.16(s).					
<u>Total Sheets</u> <u>Extra Shee</u>			onal 50 or frac			<u>Fee</u>	Paid (\$)	
100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1403 Request for oral hearing 1,000.00								
SUBMITTED BY	Par	<u> </u>			_			
Signature	Terra		istration No. rney/Agent)	32,181	Telephone	(703) 20	5-8000	



PTO/SB/32 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
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REQUEST FOR ORAL HEARING BEFORE			Docket Number (Optional)					
	-	0879-0277P						
THE BOARD OF PATENT APPEALS AND INTERFERENCES								
	In re Application of Seiichi MATSUI							
	Application Number		Filed					
	09/662,323		September 14, 2000					
	For IMAGING APPARATUS, SOLID IMAGING DEVICE AND DRIVING METHOD FOR SOLID IMAGING DEVICE							
	Art Unit 2622	Examiner	K. L. Jerabek					
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.								
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,000.00								
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:								
X A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment								
to Deposit Account No I have enclosed a duplicate copy of this sheet.								
A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.								
		1						
I am the		M	- 10					
applicant/inventor.			Signature					
assigned of record of the entire in	ntaraet		Signature					
See 37 CFR 3.71. Statement un	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.							
(Form PTO/SB/96)			Marc S. Weiner Typed or printed name					
attorney or agent of record.			JAN 2 6 2007					
Registration number 32,1	81		Date					
attorney or agent acting under 37	7 CFR 1.34.							
Registration number if acting under 37	(703) 205-8000							
			Telephone number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
*Total of 1 fame and a har								

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